

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006252

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 4234

Registrar's No. 36

FILED MAR 15 1963

1. PLACE OF DEATH

a. COUNTY Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ironton

Length of stay in lb
6 hours

c. CITY OR TOWN Kaolin Township

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
7 mi. SW of Middlebrook

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First MARY Middle ELLEN Last CHRISCO

4. DATE OF DEATH Month March Day 9, Year 1963

5. SEX
female

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
3 Nov 1876

9. AGE (last birthday)
86

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (City and state or country)
Iron County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James Womble

13b. MOTHER'S MAIDEN NAME

Margaret Hurt

14. NAME OF HUSBAND OR WIFE

Marion Chrisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Bruce Hatridge, Middlebrook, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Influenza

INTERVAL BETWEEN ONSET AND DEATH
4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-9-63 to 3-9-63 and last saw her alive on 3-9-63
Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

3-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

3/11/1963

23c. NAME OF CEMETERY OR CREMATORY

Fitzgerald Cemetery

23d. LOCATION (City, town, or county)

Middlebrook, Mo.

24. FUNERAL DIRECTOR

White Funeral Home

ADDRESS

Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

3-11-63

26. REGISTRAR'S SIGNATURE

Mrs. G. Jones

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Amelia White*

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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0775

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